

ATTACHMENT VII
Substance Abuse Prevention and Treatment Block Grant
Maintenance of Effort (MOE) Definition

Legal Requirements

The Public Health Service Act (PHSA) Section 1930 requires the principal agency of a state to maintain aggregate state expenditures for authorized activities at a level that is not less than the average level of such expenditures for the two year period preceding the fiscal year for which the State is applying for the grant. Generally, all expenditures made by the principal state agency for authorized activities must be included in the SAPT MOE calculation.

Per the PHSA, Section 1934, authorized activities means the activities described in Section 1921(b). The Section 1921(b) activities include planning, carrying out, and evaluating activities to prevent and treat substance abuse, and for related activities authorized in Section 1924¹. Such expenditures would also include state expenditures for any PHSA, Section 1931 purpose. The PHSA, Section 1931 contains restrictions on the expenditure of SAPT Block Grant funds. The restrictions in Section 1931 do not apply to the expenditure of state funds, which means that expenditures made by the state's principal state agency for any Section 1931 purpose should be included in the SAPT MOE calculation. Also, expenditures of a nonrecurring nature or for a time limited project must also be included in the SAPT MOE if the expenditures are made by the principal state agency and for authorized activities.

Material Compliance with SAPT MOE Requirement²

The Administrator, Substance Abuse and Mental Health Services Administration, has the authority to determine if a state has maintained material compliance with the Section 1930 SAPT Block Grant MOE requirement. Generally, a state will have materially complied with the MOE requirements of Section 1930 only when the state expenditure shortfall is three percent or less of the amount(s) required under Section 1930, and the Administrator has considered all relevant factors in determining material compliance. For example, whether the State has maintained service levels, the State's expenditure history, and the State's future funding commitment.

If, in submitting its SAPT Block Grant application, the State experiences a shortfall in its MOE, the application should address the above factors so as to justify that the State maintained material compliance with the Section 1930 SAPT MOE requirement.

If the principle agency does not maintain such compliance with the Section 1930 MOE requirement, the Secretary, U.S. Department of Health and Human Services, is required by Section 1930 (c) (1), to reduce the State's SAPT Block Grant allotment by an amount equal to the amount constituting such failure.

¹ Section 1924 contains the provisions governing Tuberculosis and HIV Early Intervention Services

² Federal Register / Vol. 64. No. 107/Friday, June 4, 1999/Notices

Service Codes for Fiscal Year 2000-01

Treatment Cost Included in MOE Calculation	Service Code
Nonresidential	
Rehabilitative/Ambulatory Intensive Outpatient (DCH)	30
Aftercare	32
Outpatient Drug Free (ODF) Group	33
Outpatient Drug Free (ODF) Individual	34
Interim Treatment Services (CalWORKS Only)	35
Narcotic Treatment	
Outpatient Methadone Detox (OMD)	41
Inpatient Methadone Detox	42
Naltrexone	43
Rehabilitative/Ambulatory Detoxification	44
Narcotic Replacement Therapy – All Services	48
Residential	
Free-Standing Residential Detoxification	50
Residential/Recovery Long Term (over 30 days)	51
Residential/Recovery Short Term (up to 30 days)	52
Hospital Inpatient Detoxification (24 hour)	53
Hospital Inpatient Residential (24 hour)	54
Chemical Dependency Recovery Hospital (CDRH)	55

NONRESIDENTIAL

30 - Rehabilitative Ambulatory Intensive Outpatient (Day Care Habilitative)

Day Care Habilitative (DCH) services are those that last two or more hours but less than 24 hours per day for three or more days per week. Programs that are Drug Medi-Cal (DMC) certified are required to provide services that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to Medi-Cal beneficiaries with substance abuse impairments. Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. DCH differs from Outpatient Drug Free care in which clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

Medi-Cal Beneficiaries: DMC reimbursement for Day Care Habilitative services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-

Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 1998]

32 - Aftercare

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

33 - Rehabilitative/ Ambulatory Outpatient or Outpatient Drug Free (ODF) -Group

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

For providers that receive **only NNA³ funding** are required to identify staff hours; however they have the option of reporting the total number of group sessions and the number of individuals in those group sessions.

For providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours;
- total number of group sessions; and
- total number of individuals in those group sessions.

Medi-Cal Beneficiaries Only: Each client shall receive two group counseling sessions (minimum 90 minutes per group session) per 30-day period depending on his/her needs and treatment plan or be subject to discharge. Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of 10 clients, at the same time, focusing on the needs of the individuals served. [Title 22, July 1, 1998]

34 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Individual

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

For providers that receive **only NNA funding** are required to identify staff hours; however, they have the option of reporting the total number of individual sessions.

³ Net Negotiated Amount (NNA) refers to the contract between the Department and counties to support substance abuse prevention and treatment services. This document is an excerpt from the NNA contract.

For providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- staff hours; and
- total number of individual sessions.

Medi-Cal Beneficiaries Only: Each shall receive individual counseling, which is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention. [Title 22, July 1, 1998]

35 - Interim Treatment Services - CalWORKs

This service code will be utilized for CalWORKs clients whose use of alcohol or drugs has interfered with their performance in the workplace or in school. Each client will receive short-term outpatient treatment services (no longer than eight weeks) of group and/or individual counseling sessions depending on his or her needs. This service includes any activity designed to assist the individual in determining a need for more intensive alcohol and other drug treatment.

NARCOTICS TREATMENT SERVICES

41 - Outpatient Methadone Detoxification (OMD)

This service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

42 - Inpatient Methadone Detoxification (IMD)

In a controlled, 24-hour hospital setting, this service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

43 - Naltrexone Treatment

The use of Naltrexone (Trexan) is to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Services include medication; medical direction; medically necessary urine screens for use of substances; counseling; and other appropriate activities and services.

44 - Rehabilitative Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an

ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

48 - NRT All Services

This Service Code combines all Service Codes 40, 45, 46, and 47 so all components and NNA and DMC costs can be entered within one area.

METHADONE - This service element is comprised of the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics; and other required/appropriate activities and services provided in compliance with California Code of Regulations (CCR) Title 9, Chapter 4, beginning with Section 10000. Services include intake, assessment and diagnosis; all medical supervision; urine drug screening; individual and group counseling; admission physical examinations and laboratory tests.

LAAM is an opioid medication that is used as one component of a comprehensive replacement narcotic therapy program, which includes medical evaluation, treatment planning, and counseling. [Title 22, July 1, 1998]

GROUP COUNSELING - Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For DMC reimbursement, groups must have a minimum of four and a maximum of 10 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 1998]

INDIVIDUAL COUNSELING - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 1998]

For All Applicable Service Codes, providers are required to report LICENSED CAPACITY to determine cost per unit. Providers are also required to report the following:

- **number of methadone doses;**
- **number of methadone milligrams dispensed;**
- **number of LAAM doses;**
- **number of LAAM milligrams dispensed;**
- **number of 10-minute group counseling sessions; and**
- **number of 10-minute individual counseling sessions.**

RESIDENTIAL

NOTE: The Department must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Providers should contact ADP's Quality Assurance Division for licensure information.

50 - Free-Standing Residential Detoxification

Free-standing residential detoxification is defined as services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.
[Federal Definition]

51 - Residential/Recovery Long Term (over 30 days)

Long-term residential care is typically over 30 days of non-acute care in a setting with recovery/treatment services for alcohol and other drug use and dependency [Federal Definition]. Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; detoxification services; and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.
[Title 22, July 1, 1998]

Medi-Cal Beneficiaries Only: Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for non-DMC services (non-Perinatal State General Funds and non-DMC perinatal programs).
[Title 22, July 1, 1998]

The licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 1998]

52 - Residential/Recovery Short Term (up to 30 days)

Short-term residential care is typically 30 days or less of non-acute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency [Federal Definition].

Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.

Medi-Cal Beneficiaries: Only pregnant and postpartum women are eligible to receive DMC-funded drug abuse services through Perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 1998]

Licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 1998]

53 - Hospital Inpatient Detoxification (24 Hours)

Hospital inpatient detoxification is defined as medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

54 - Hospital Inpatient Residential (24 Hours)

Hospital inpatient residential care is medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

55 - Chemical Dependency Recovery Hospital (CDRH)

All treatment programs, or components thereof, located in a Department of Health Services' licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. State General Funding used for this service must have a county match of 90%. This requirement is identified in DDP Letter #83-65 dated December 29, 1983. [Title 22, Chapter 11]